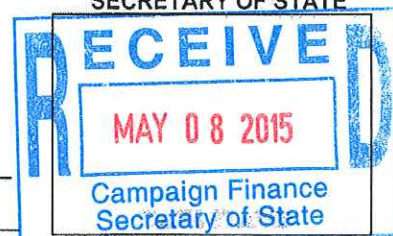


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Zack Huffman

Address P.O. Box 128 County Tallahatchie

Telephone (Work) 662-448-0709 (Home) 662-448-0709 (Fax) _____

Contact Name Zack Huffman Email Address huffmanforthehouse@gmail.com

Office Sought State Representative Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

	TYPE OF REPORT	
<input checked="" type="checkbox"/> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)		Mandatory
<input type="checkbox"/> June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)		Mandatory
<input type="checkbox"/> July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)		Mandatory
<input type="checkbox"/> July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)		Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/> August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)		Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/> October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)		Mandatory
<input type="checkbox"/> October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)		Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/> November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)		Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/> January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)		Mandatory
<input type="checkbox"/> Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)		Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$3658.60	+ \$ 1890	\$5548.60	\$ 5692.39
Total amount of disbursements	\$2668.17	+ \$ 60.78	\$2728.95	\$ 2728.95
Total amount of cash on hand			\$ 2963.44	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

05/08/2015

Date _____

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Zack HuffmanReporting period January 1 through April 30

ITEMIZED DISBURSEMENTS

A. Full name Bridget Sharp Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 County Road 48	3 / 10 / 15	\$ 400.00
City, State, Zip Code Houston, MS 38851	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
B. Full name Carey Spark	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1200 East County Line Road	2 / 10 / 15	\$ 1,100.00
City, State, Zip Code Jackson, Mississippi 39156	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,100.00
C. Full name Leadership for Educational Equity - Mississippi	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1805 7th Street, NW Eighth Floor	4 / 30 / 15	\$ 1168.17
City, State, Zip Code Washington, DC 20001	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,168.17
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Zack Huffman
 Reporting period January 1 through April 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Michael Wagner</u>	<u>2</u> / <u>16</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>302 Cassidy Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Sumner, MS 38957-9715</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Farmer</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dean Copeland</u>	<u>4</u> / <u>16</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>214 NE Camden Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Atlanta, GA 30309</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Cobra Legal Solutions, LLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Assistant Chairman / Lawyer</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>John Whitten</u>	<u>2</u> / <u>17</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 369</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Sumner, MS 38957</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Robert and Claudia Huffman</u>	<u>2</u> / <u>18</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>428 County Road 63</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Woodland, MS 39776</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Zack HuffmanReporting period January 1 through April 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Paula Edmondson</u>		<u>3</u> / <u>4</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 34</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Vardaman, MS, 38878</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Meridian Creel Farms, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Farmer</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Leadership for Educational Equity - Mississippi</u>		<u>4</u> / <u>30</u> / <u>15</u>	\$ <u>11,168.17</u>
Mailing Address <u>1805 7th Street, NW, Eighth Floor</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Washington, DC, 20001</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>11,168.17</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>